



**WILLIAM AUSTIN**  
CARE • INSPIRE • ACHIEVE

**William Austin Junior School**  
**Headteacher:** Mrs J Adams BA (Hons), QTS, NPQH

**Austin Road, Luton**  
**Bedfordshire, LU3 1UA**

**Telephone:** 01582 572100  
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Child's name ..... Class .....

16<sup>th</sup> May 2024

Dear Family

**Singing Spectacular at Stopsley Baptist Church – Friday 28<sup>th</sup> June**

Your child is invited to take part in this year's **Singing Spectacular** which will be held at **Stopsley Baptist Church, St Thomas' Road, Luton LU2 7XP**. They will be taken to the event by coach at 1:30pm so normal lunchtime arrangements will apply. There is no charge for parents as the school will cover the cost.

Please note that you will need to collect your child from Stopsley Baptist Church at the end of the concert.

**Timetable for the day will be:-**

2:00pm - Arrival  
2:30pm - Main rehearsal  
4:00pm - Break for packed tea  
5:00pm - Final rehearsal

**6:00pm – 6:45pm Concert (Family and friends welcome to attend)**

- **Your child will need to bring a packed dinner with them.**
- Family and friends are cordially invited to attend the concert.
- **You will need to make your own arrangements for taking your child home afterwards.**
- **YOU WILL NOT BE ALLOWED TO PARK ON ST THOMAS' ROAD. MARSHALLS WILL DIRECT YOU TO THE STOPSLEY HIGH SCHOOL CAR PARKS, WHICH HAVE BEEN BOOKED SPECIFICALLY FOR THIS EVENT.**

Please sign and return the permission letter overleaf by 14<sup>th</sup> June.

Yours sincerely

Mrs R Bano  
Lead Teacher for Music

**PLEASE COMPLETE AND RETURN THE PERMISSION SLIP OVERLEAF**

✂.....

**Pupil name:** ..... **Class** .....

I give permission for my child to attend the **Singing Spectacular** at Stopsley Baptist Church on Friday 28<sup>th</sup> June 2024 and consent to emergency treatment if required.

I will / will not be attending the concert.

**I understand that I will have to make my own transport arrangements for my son / daughter to be collected from Stopsley Baptist Church after the concert.**

My emergency contact number for the day is: \_\_\_\_\_

Between 3.30pm and 6.00pm my contact number is (if different from above): \_\_\_\_\_

If your child has any medical conditions/other conditions which you wish us to be aware of please detail below:-

\_\_\_\_\_

Signed: \_\_\_\_\_ (Parent/Guardian) Date: \_\_\_\_\_